

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/	3				
5	3					
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50						
TOTAL IND.	40					
TOTAL DEP.	27					
TOTAL CLAIMS	31					

	IND		DEP		IND		DEP		IND		DEP	
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